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3200 IDS Center
80 South Eighth Street
Minneapolis, Minnesota
55402-2219 USA
Tel 612.332.5300
Fax 612.332.9081
www.merchant-
gould.com

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TO: Commissioner for Patents
Attn: Examiner A. Basichas
P.O. Box 1450
Alexandria, VA 22313-1450

FROM: Joshua N. Randall

OUR REF: 12929.1077USC1
TELEPHONE: 612.371.5387

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If you do NOT receive all of the pages, please telephone us at 612.336.4664, or fax us at 612.332.9081.

Title of Document Transmitted: AMENDMENT AND RESPONSE

Applicant: BACHINSKI ET AL.
Serial No.: 10/848,834
Filed: MAY 17, 2004
Group Art Unit: 3749
Our Ref. No.: 12929.1077USC1
Confirmation No. 4798

Please charge any additional fees or credit overpayment to Deposit Account No. 13-2725. Please consider this a PETITION FOR EXTENSION OF TIME for a sufficient number of months to enter these papers, if appropriate.

By: 
Name: Joshua N. Randall
Reg. No. 50,719

I hereby certify that this paper is being transmitted by facsimile to the U.S. Patent and Trademark Office on the date shown below.

Andrea Endris

Andrea Endris
Signature

April 6, 2005
Date

GEN033.DOT

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2003

Application or Docket Number

10848834

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS	1	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	1 minus 20 =	
INDEPENDENT CLAIMS	1 minus 3 =	
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	8	Minus	20	
Independent	4	Minus	3	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

SMALL ENTITY TYPE OTHER THAN SMALL ENTITY

RATE	FEES	RATE	FEES
BASIC FEE	385.00	OR BASIC FEE	770.00
X5 9=		OR X518=	
X43=		OR X86=	
+145=		OR +290=	
TOTAL	385	OR TOTAL	

SMALL ENTITY OR OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X5 9=		OR X518=	
X43=		OR X86=	
+145=		OR +290=	
TOTAL ADDT. FEE		OR TOTAL ADDT. FEE	

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	9	Minus	20	
Independent	6	Minus	4	1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X5 9=		OR X518=	
X43=		OR X86=	
+145=		OR +290=	
TOTAL ADDT. FEE		OR TOTAL ADDT. FEE	

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	9	Minus	20	
Independent	5	Minus	4	1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X5 9=		OR X518=	
X43=	100.00	OR X86=	
+145=		OR +290=	
TOTAL ADDT. FEE	100.00	OR TOTAL ADDT. FEE	

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
 If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

FORM PTO-873 (Rev. 10/03)

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